Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 1/24/03 2 Serial/Patent # 09/697877					
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT
	Filing				\$
	Amendment				\$
X	Extension of Time 1253	8	7	11/26/02	\$ 920,
	Notice of Appeal/Appeal				\$
	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment				\$
	Other				\$
		7 TOTAL AMOUNT \$ 920.			\$ 920.
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
	Overpayment	Credit D		redit Dep	eposit A/C #:
	Duplicate Payment		9)/ 0	431
X	No Fee Due (Explanation):	<u></u>			
EXFENSION OF TIME PARIOD IS OVER, NO FRE IS					
duE.					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME:					
SIGNATURE: July PHONE: 306-5689					
OFFICE: () () () () () () () () () (
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: Cilian Mill DATE: 184/13					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B